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AUTHOR

Shea, Mary Lou

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ABSTRACT

A study examined the issue of which components should be present in a secondary health occupations program to receive approval and funding. A task force including secondary health occupations teachers, health occupations program graduates, school administrators, health care facility inservice coordinators, health occupations student association advisors, Illinois health occupations advisory committee members, and state advisory council on vocational education members completed a questionnaire consisting of 15 research questions designed to aid in making program approval and funding decisions. Respondents commented on the following areas relating to the components of secondary allied health occupations programs: utilizing advisory committees, admission criteria, teacher certification, skills to be taught to students, determining subject areas to be taught, clinical experiences, clinical supervision and evaluation, minimum times for courses, training options, program orientation, program prerequisites, school size, and contracting. (The questionnaire is appended.) (RM)

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ED204631

Secondary Health Occupations Program
(SHOP)
Task Force

by
Mary Lou Shea, RN., Ph.D.

A Study to Determine from a Panel of Experts those
Components Which Should be Present in a Secondary
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CE029606

Illinois State Board of Education
Department of Adult Vocational and
Technical Education, 1981

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Secondary Health Occupations Program (SHOP)
Task Force

CHAPTER I

INTRODUCTION

The Problem

The secondary health occupations programs in Illinois grew considerably since 1968. Whereas program offerings before 1968 consisted almost exclusively of cooperative vocational education and a few courses to train nurse aides, the programs have become more formalized with variations upon orientation and skill level courses. There are currently numerous programs ranging from a one year skill course to a sequence of courses consisting of orientation and one or two years of skills courses. These courses are generally taught by a health care practitioner, educated in a specialty and certified, licensed or registered in their respective occupation. The addition of certification requirements for health occupations teachers to the Illinois State Board Document #1 has significantly influenced the local educational agencies to hire teachers who are qualified by education and are properly credentialed to teach in the health occupations program. The programs have grown to the point where there is a pool of high quality programs and instructors. This is evidenced by student and employee follow-up and the initiation of an active, growing student organization, the Health Occupations Students of America (HOSA).

Although the program area has grown significantly, there were many questions regarding the appropriateness of the current state guidelines for secondary health occupations programs. There were pressures from some administrators at all levels to provide exceptions to the guidelines. These exceptions included such things as:

1. Allow any teacher, certified by the Illinois State Board of Education, to teach orientation level courses.
2. If a teacher has 2000 hours of work experience exclusive of educational preparation and credentialing, then let them teach skill level courses.
3. Do not require clinical (extended campus) experiences of skill level training courses.
4. Allow any cooperative vocational education coordinator to teach a health occupations cooperative vocational education course.
5. Allow the school to contract with a health care agency i.e., hospital, nursing home for the total program with minimal school involvement.

There were various other proposals too numerous to list here.

The health occupations consultants in the Illinois State Board of Education (ISBE), Department of Adult, Vocational and Technical Education (DAVTE) were responsible for the program guidelines. While the consultants wanted the

guidelines to be flexible enough to encourage the implementation of programs, they did not want to unnecessarily jeopardize the quality of the program graduates. Since there were numerous experts in Illinois with experience in secondary health occupations education, consultants decided to request a task force to assist in determining what components should be present in a program to be acceptable for DAVTE approval and funding. A working paper for the utilization of a task force was developed by, Mary Lou Shea, Head Consultant Health Occupations, approved by Louise Dailey, Manager of the Occupational Consultant Section, and finally approved by James Galloway, Assistant Superintendent DAVTE.

Purpose of the Task Force

The purpose of the task force was to determine from a panel of experts those components which should be present in a secondary health occupations program to receive approval and funding from DAVTE.

Research Question

What are some of the guidelines that a secondary health occupations programs should have to meet in order to receive approval and funding from DAVTE?

Definitions

Approved status pertains to the status of the local educational agency's contract (called the One and Five Year Plan in Illinois) with the Illinois State Board of Education, Department of Adult, Vocational and Technical Education to receive federal funds. Contracts are either approved, conditionally approved, or not approved.

Certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met specific predetermined qualifications as determined by that agency or association.

Clinical facility is a health care facility or real work world setting where a student gains experience; examples are the hospital, nursing home, physician's or dentist's office, etc.

Cooperative education is an instructional method which combines learning experiences gained through regularly scheduled supervised employment in the community facility, related to the instructions received in school that achieve program and student objectives.

Extended campus is an instructional method which provides for utilization of the community health care facility as an extension of a health occupations program. The instructor and students move to the health care facility for planned laboratory hands-on experiences which are coordinated with the classroom objectives.

Health occupations is a planned vocational program of study designed to provide instruction in the appropriate knowledges, skills and attitudes of health occupations so that, upon completion of a program of study, the individual will be qualified for gainful employment in an occupation or in a cluster of related occupations.

Licensure is the process by which an agency of government grants permission to persons meeting predetermined qualifications to engage in a given occupation and/or use a particular title or grants permission to institutions to perform specified functions.

Orientation is that part of the health occupations program sequence taught at the freshman (9th grade) and sophomore (10th grade) levels. The ninth grade level is a one year or less composite type course introducing the students with some "hands-on experience" to many levels of jobs in the health occupations area. The tenth grade orientation level is often listed as semester courses which offer units of instruction and activities in the health field which serve as a foundation for progression into health occupations skill development.

Provisional vocational certification is certification to teach in a specific vocational skill level program in high school based upon meeting the requirements appearing in the "School Code of Illinois," 21-10, C1, which states:

The requirements for a provisional vocational certificate shall be determined by the Superintendent of Public Instruction in consultation with the State Teacher Board; provided, the following minimum requirements are met: (a) after July 1, 1972, at least 30 semester hours of credit from a recognized institution of higher learning; and (b) after July 1, 1974, at least 60 semester hours of credit from a recognized institution of higher learning.

Registration is the process by which qualified individuals are listed on an official roster maintained by a governmental or nongovernmental agency.

Regular secondary teacher certification is certification to teach at the secondary level based upon meeting the requirements listed in "The Illinois Program for Evaluation, Supervision, and Recognition of Schools, State Board of Education Document #1," and official publication of the Illinois State Board of Education, 1977, which states:

24 semester hours in a health occupations speciality (e.g., medical laboratory, nursing, radiologic technology, inhalation therapy).

Graduation from an approved technical-level program in a specific health field with a minimum of 2,000 hours of post-graduate practical work experience in the health specialty in which trained.

NOTE: Shall be certified, licensed or registered in the health occupations specialty.

Sequential program planning is a series of interlocking units of courses which provide students the opportunities to develop competencies for entry level employment and/or postsecondary education. They should lead a student toward an occupational objective.

Technical skills are those skills performed on the job in the role and function of a health technician/professional.

Vocational education is planned educational program offered in schools under public supervision and control or under contract with a state board or local education agency and designed to prepare individuals for gainful employment as semiskilled workers, skilled workers, technicians, or subprofessionals in recognized occupations and in new and emerging occupations (AVA, 1971).

Delimitations of the Study

This study was limited to a select group of health occupations experts representative of local educational agency administrators, teachers, students, graduates, DAVTE health occupations staff and Program Approval and Evaluation staff, employers, post secondary health occupations education and one member from the State Advisory Council on Vocational Education (SACVE).

CHAPTER II

RESEARCH QUESTIONS

Rationale

The number of secondary health occupations programs had increased considerably since the late 1960s. Although Illinois State Board of Education Department of Adult, Vocational and Technical Education guidelines existed for the implementation of quality, sequential programs and criterion for health occupations teacher certification (see definitions) were in effect, they were continuously being challenged by school administrators who sought exceptions. Therefore, it was determined that a task force study was needed to establish what components should be present for DAYTE approval and funding.

Specific questions to be answered through the use of data gained by the study were:

1. Should the secondary health occupations program utilize an advisory committee comprised of individuals with special knowledge in health care?
2. Should all programs have admission criterion and enrollments which show that students are served regardless of handicap, disadvantage, race, culture, and sex?
3. Should all health occupations courses be taught by teachers with a health care specialty resulting in licensure, certification and/or registration and 2000 hours of work experience in the field for which trained?
4. Should the program provide students with entry level job skills which are sufficient for placement in at least one health occupation?
5. What are the entry level jobs for which the high school student can be trained?
6. Should the entry level jobs for which students are trained, be determined by local manpower needs, and job placement availability?
7. Should clinical experiences (extended campus) be integrated throughout the skill level courses?
8. Who should be responsible for clinical supervision and evaluation?
9. What should be the minimum length of time required for skill level courses?
10. Should the program provide a variety of training options in nursing and allied health?
11. What should be the content of the orientation course and should it be required prior to skill training?

12. What should be the minimum requirement of time for the orientation level course?
13. Should students have benefit of a skill course prior to the cooperative vocational education placement?
14. What effect does the size of the school have on the type of program which can be offered?
15. What role should contracting have in the secondary health occupations program?

CHAPTER III

RESEARCH METHODS

Design Procedures

It was determined that the most appropriate means for gathering data would be to conduct a task force. The task force members would respond individually to a questionnaire designed to provide answers to specific research questions. To accomplish this the rationale and membership criterion for the task force was determined in a meeting between Louise Dailey, Manager of Occupational Consultant Section, Mary Lou Shea, Head Consultant for Health Occupations, Lorraine Summers, Health Occupations Consultant and Melba McCormick, Health Occupations Consultant. (See Appendix A). The proposal resulting from this meeting went to James Galloway, Assistant Superintendent of DAVTE, who approved implementing the task force.

Task Force Membership

The task force members were selected on the basis of established membership criterion. The membership was comprised of representatives from the following:

- Secondary Health Occupations Teachers
- Health Occupations Program Graduates
- School Administrators
- Health Care Facility Inservice Coordinators
- Health Occupations Student Association Advisors
- Illinois Health Occupations Advisory Committee
- State Advisory Council on Vocational Education
- Program Approval and Evaluation
- Consultant Services Section

A letter of invitation to serve on the task force was sent under the signature of Mr. James Galloway, Assistant Superintendent (see Appendix B). Each member was asked to respond to the invitation.

A questionnaire was developed by the DAVTE health occupations consultant staff with input from their manager, Miss Dailey and John Klit, Manager of Program Approval and Evaluation Section and staff. Most of the questions were written in such a way as to require a "yes" or "no" response and a "rationale" for a "no" response (see Appendix C).

This was done to facilitate tabulation of responses and the writing of conclusions and recommendations.

Data Collection

A site and date was established for the task force to meet which was included in the letter of invitation sent under Mr. Galloway's signature. A copy of the instrument was also included so that each member could become familiar with the items prior to the meeting.

The task force met for a total of three hours. A designated length of time was allowed for discussion on each question after which each member gave written response before moving to the next question. The questionnaire was completed during the meeting and the time allowed appeared to be sufficient.

Treatment of the Data

Outlined in Chapter II are the major research questions addressed in this study. As noted previously, the goal was to determine the secondary health occupations program components that should be required for DAVTE approval and funding. The analyses utilized in the study are described as follows:

Absolute frequencies was the statistic utilized. The total number of members responding was seventeen. The absolute frequencies consisted of respondent's "yes", "no", and "no response" answers which were shown on a table.

Further treatment of the data included listing all "rationale" responses given to each question (see Appendix D).

CHAPTER IV

Summary and Conclusions

Summary

The number of secondary health occupations programs in Illinois had greatly increased since the late 1960s as evidenced by DAVTE data. This occurred because of the growing emphasis upon health occupations at this level and the ever increasing manpower need for entry level workers. Many schools in Illinois initiated secondary programs in response to this need.

However, in the seventies, schools began to be confronted with decreasing enrollments and budgetary problems. Also school administrators generally lacked an understanding of the health occupations program area. Therefore, there were attempts by some local educational agencies (LEAs) to establish programs which were not within the DAVTE guidelines for approval and funding and to assign instructors who did not meet health occupations teacher certification requirements. It was because of these attempts on the part of LEAs that the health occupations consultant staff of the DAVTE conducted this study.

The study was designed to answer questions which would assist the DAVTE in making program approval and funding decisions. It was hoped that the Program and Approval Section would make decisions based upon the data provided by the task force.

Results and Conclusions

The conclusions of this study are presented as they relate to the research questions that guided this investigation.

Research Question 1

Should the secondary health occupations program utilize an advisory committee comprised of individuals with special knowledge in health care?

Local education administrators should develop and utilize advisory committees representative of the health care practitioners, parents, guidance counselors, students and graduates.

Research Question 2

Should all programs have admission criterion and enrollments which show that students are served regardless of handicap, disadvantage, race, culture, and sex?

School policies, procedures and practices should show admission criteria and enrollment that all students who can benefit are served in the health occupations program regardless of handicap, disadvantage, race, culture, and sex.

Research Question 3

Should all health occupations courses be taught by teachers with a health care specialty resulting in licensure, certification and/or registration and 2000 hours of work experience in the field for which trained?

Health occupations teachers should be competent in applying the health care skills included in the program. Therefore, all health occupations courses should be taught by teachers with a health care specialty resulting in licensure, certification and/or registration and 2000 hours of work experience in the field for which trained to assure that students receive relevant job skills.

Research Question 4

Should the program provide students with entry level job skills which are sufficient for placement in at least one health occupation?

One of the main objectives of vocational education is to prepare individuals for the world of work. The content of the program should be designed so that each student gains entry level job skills sufficient for placement in at least one health occupation which enables the student to continue their education in this field or be employed at the entry level upon completion of the program. This often provides financial assistance for the student while pursuing further education.

Research Question 5

What are the entry level jobs for which the high school student can be trained?

It is concluded that high school students may be prepared for the following twenty-two occupations identified by the Task Force:

Dental Assisting	Nurse Aide
Dietary aide	Pediatric Aide
EKG Technician	Pharmacy Aide
Geriatric Aide	Physical Therapy Aide
Home Health Aide	Practical Nurse
Hospital Ward (Unit) Clerk	Radiologic Aide
Inhalation (Respiratory) Therapy Aide	Rehabilitation Aide
Medical Assisting	Therapeutic Recreation (Activity Aide)
*Medical Lab Assisting Aide	Veteriarian Hospital Aide
Medical Records Aide	Occupational Therapy Aide
Mortuary Aide	Mental Health Aide

*Limited job opportunities for people trained at this level.

Research Question 6

Should the entry level jobs for which students are trained, be determined by local manpower needs and job placement availability?

The occupations in which students gain entry level skills should be determined by local manpower needs and job placement availability. It is generally concluded that students must have clinical, patient care experiences to be properly prepared for entry level employment and these clinical experiences are only available when the jobs exist in the local health care facilities.

Research Question 7

Should clinical experiences (extended campus) be integrated throughout the skill level courses?

Skill level courses in the program should provide a clinical component (extended campus) integrated throughout the program so students can perform job competencies. Instructors can evaluate the students performance in the real job setting and equipment in the clinical facilities can be utilized. It is the only way that the student's patient care skills can be verified.

Research Question 8

Who should be responsible for clinical supervision and evaluation?

Even though other resource people can be utilized to assist in clinical rotation, clinical supervision should be the responsibility of the classroom teacher because the instructor must have total control of the program of learning and it also enables the instructor to be able to endorse the students' competencies. This can be assured by the instructor by having daily clinical objectives for each student. If they are being supervised by another health professional, there should also be a daily agreement regarding what the student is to do to meet objectives.

Research Question 9

What should be the minimum length of time required for skill level courses?

The skill level course should be a minimum of two class periods back-to-back to allow time for travel to and from the clinical site as well as to complete clinical assignments and evaluation of the student performance.

Research Question 10

Should the program provide a variety of training options in nursing and allied health?

The program should include a variety of options in nursing and allied health occupations to provide exploration, observation and hands-on experiences which give the student a solid foundation in making career and/or job decisions.

Research Question 11 and 12

What should be the minimum requirement of time and content of the orientation course and should it be required prior to skill training?

The orientation course should be a minimum of one semester and include health career information, health understanding, personal grooming and dress, interpersonal relationships, history of medical events, psychology of illness, communication skills, micro-organisms and body systems. The orientation course is very desirable but should not be required at this time. It is possible, as programmatic conditions may change, that an orientation course could be required for a fundable program.

Research Question 13

Should students have benefit of a skill course prior to the cooperative vocational education placement?

A one year skill level course should be provided prior to cooperative vocational education placement to increase employability for students and relieve pressures on the employer to give all the skill training. Furthermore, some health facilities are reluctant to give finances and staff time for on-the-job training.

Research Question 14

What effect does the size of the school have on the type of program which can be offered?

It is recommended that schools, regardless of size, design programs that meet minimum guidelines because the differences are more dependent upon community resources available for training rather than the size of school. If community resources are insufficient to provide extended campus experiences, then the district should seek a joint agreement with a neighboring district which has the training resources.

Research Question 15

What role should contracting have in the secondary health occupations program?

It is not recommended that the school contract for a total health occupations program, but rather that the instructors be employed by the school, with a (DAVTE) contract for use of clinical facilities. However, if the State agency determines that this is the only recourse, a standard contract with annual monitoring by qualified State Health Occupations Staff should be implemented. This contract should make clear that the instructor is responsible to the school board during the time that courses are in session and the school is administratively responsible for the program.

Appendix A
Proposal for the Task Force

Rationale:

Secondary health occupations in Illinois gained impetus after the 1965 Vocational Education Amendments. Initially, programs were primarily cooperative vocational education and nurse aide programs. Little attention was given to allied health. Furthermore, there were few formalized programs which included a sequence of courses organized into classroom, laboratory and clinical experiences designed to serve the needs of the students and the health care industry. As programs have evolved over the past 12 years, various program components have been included which has served to broaden and strengthen the program. These various program components tend to be complimentary to the total thrust of vocational education and include such things as career guidance, orientation courses, skill courses based upon manpower needs, placement, clinical job experiences, multi-competencies, advisory committees, HOSA chapters, etc. Thus, the health occupations courses and programs, while having commonalities, are also very diverse and variable. Some of the courses and programs appear to be of high quality while the quality of others is questionable.

Membership

It is timely to gain input from health occupations experts and other interested parties to determine a common set of beliefs (philosophy) and the component parts of a secondary health occupations program which would logically flow from these beliefs. In hope of gathering the needed data a task force shall be assembled as well as obtaining information from groups such as SACVE, IHCAC, IHOA, HOSA state advisors and the Consortium of Universities on Health Occupations.

The membership of the task force shall be comprised of representatives from the following:

Secondary Health Occupations Teachers
Health Occupations Program Graduates
School Administrators
Health Care Facility Inservice Coordinators
Health Occupations Student Association Advisors
Illinois Health Occupations Advisory Committee
State Advisory Council on Vocational Education
Program Approval and Evaluation
Consultant Services Section

Representatives shall be invited to participate by James R. Galloway, at the recommendation of Consultant Services Section Health Occupations Consultants, and shall meet as a special task force ad hoc subcommittee to the Illinois Health Occupations Advisory Committee.

Components to be Addressed

The task force shall address such items as:

- . Premises upon which programs can be developed
- . Sequential program planning
- . Shared responsibilities of school and health care facilities
- . Placement

- . Appropriate entry level jobs
- . Manpower needs
- . Guidance

Outcome

In summary, the outcome of these efforts will be that the Department will gain the input needed to determine the parameters for approving, implementing and funding of secondary health occupations programs.

Appendix B

**Letter of Invitation to
Task Force Member**

March 19, 1981

Ms. Geneva Kirkwood
Ambraw Valley Area Vocational Center
714 - 10th Street
Lawrenceville, Illinois 62439

Dear Ms. Kirkwood:

This is to invite you to serve as a member on a special task force on secondary health occupations. This task force is an ad hoc subcommittee to the Illinois Health Occupations Advisory Committee (IHOAC). The IHOAC has been functioning in advisement about health occupations issues to the Department for several years.

This task force will deal with issues pertinent to the planning and implementation of high quality secondary health occupations programs. The advice from the task force will be considered in developing a basis for approval of local programs by the Department to receive state and federal vocational reimbursement.

The first meeting of the task force will be convened April 2, 1:30 p.m. to 4:30 p.m. at Sangamon State University, Conference Room E, Public Affairs Center, Springfield. See the enclosed map.

The following materials are attached to assist you in preparing for the meeting: "Secondary Health Occupations Programs (SHOP) Task Force," a working paper which explains the purpose of the task force and a questionnaire for you to complete which will serve as a basis for further development into a philosophy.

You have been recommended by the health occupations consultants in the Department because of your expressed interest and/or experience in health occupations education. I hope that you can take the time away from your busy schedule to assist the Department in this very important endeavor. Your contribution will be invaluable to the students in Illinois.

Appendix C
Questionnaire

QUESTIONNAIRE

SECONDARY HEALTH OCCUPATIONS PROGRAMS (SHOP) TASK FORCE

Please read this questionnaire carefully in preparation for the April 2 meeting. The time allotted for the meeting and each question is limited, therefore it is important that you become familiar with each question so that a decision can be made in the time allowed. Please bring this questionnaire with you to the meeting. Data obtained from this questionnaire will be used in determining program approval and funding procedures and policies for the secondary health occupations programs. It is very helpful if you give a rationale for your answer. Please answer each question with yes or no.

1. The program should utilize an advisory committee representative of health care industry, including both administrative and technical expertise, parents, guidance counselors, students.

_____ Yes _____ No

Rationale for answer:

2. All programs will show admission criterion and enrollment that all students are served regardless of handicap, disadvantage, race, culture, and sex.

_____ Yes _____ No

Rationale for answer:

3. All health occupations programs/courses should be taught by teachers with a health care specialty resulting in licensure, certification and/or registration and 2000 hours of work experience in the field for which trained.

_____ Yes _____ No

Rationale for answer:

4. The student will gain entry level job skills sufficient for placement in at least one health occupation.

_____ Yes _____ No

Rationale for answer:

5. Which of these entry level jobs can a high school student train for:

	Yes	No
Dental Assisting	_____	_____
Dietary Aide	_____	_____
Electrocardiograph Technician	_____	_____
Geriatric Aide	_____	_____
Home Health Aide	_____	_____
Hospital Ward Clerk	_____	_____
Inhalation (Respiratory) Therapy Aide	_____	_____
Medical Assisting	_____	_____
Medical Laboratory Assisting Aide	_____	_____
Medical Records Aide	_____	_____
Mortuary Aide	_____	_____
Nurse Aide	_____	_____
Pediatric Aide	_____	_____
Pharmacy Aide	_____	_____
Physical Therapy Aide	_____	_____
Practical Nursing	_____	_____
Radiologic Aide	_____	_____
Rehabilitation Aide	_____	_____
Therapeutic Recreational Assistant	_____	_____
Other occupations _____	_____	_____

6. Entry level jobs for which student may be trained are determined by local manpower needs and job placement availability.

Rationale for answer:

_____ Yes _____ No

7. The program should provide a clinical component (extended campus) integrated throughout the program.

Rationale for answer:

_____ Yes _____ No

8. The clinical supervision should be the responsibility of the classroom teacher.

Rationale for answer:

_____ Yes _____ No

9. Should the skill level course be a minimum of two class periods back to back?

____ Yes ____ No

Rationale for answer:

10. The program should include a variety of options in nursing and allied health occupations and hands-on experiences in several entry level jobs, not just nurse aide.

____ Yes ____ No

Rationale for answer:

11. Should an orientation course including health career information, self understanding, personal grooming and dress, interpersonal relationships, history of medical events, psychology of illness, communication skills, microorganism and body systems be required prior to skill training in order to receive funding for the program?

____ Yes ____ No

Rationale for answer:

12. Is a one semester offering acceptable as the minimum requirement for the orientation level?

____ Yes ____ No

Rationale for answer:

13. The school should provide a one year skill level course prior to cooperative vocational education placement.

____ Yes ____ No

Rationale for answer:

14. Should cooperative vocational education, provided it is offered by the school, be a capstone course to the health occupations program?

____ Yes ____ No

Rationale for answer:

15. Rather than offering health occupations in an interrelated CVE course, the larger high schools and AVCs should offer a health occupations cooperative vocational education course if the number of students is sufficient.

____ Yes ____ No

Rationale for answer:

16. The skills course and interrelated cooperative vocational education course should be closely articulated.

____ Yes ____ No

Rationale for answer:

17. Does the size of the school affect the type of program that can be offered? (When formulating the answer, consider what type of program can be offered by a small/large school and is there a difference?)

____ Yes ____ No

Rationale for answer:

18. Should the school contract for a program from a health care facility?

- a. Under any circumstances should the teacher be hired by the health care facility?

____ Yes ____ No

Rationale for answer:

:

- b. In all instances, should the school be responsible for the curriculum?

____ Yes ____ No

Rationale for answer:

- c. Should the school retain administrative responsibility over the program?

____ Yes ____ No

Rationale for answer:

- d. Should the individual representing the school and monitoring the contract be a health occupations qualified person?

Rationale for answer:

____ Yes

____ No

Appendix D
Responses to Questionnaire

DLJ/4572r

Approval was given by Mr. James Galloway to formulate the Secondary Health Occupations Program Task Force to assist in determining program approval and funding procedures and policies for the secondary health occupations programs. The new Task Force met April 2, 1981 and responded to a questionnaire designed to give data that would be useful to the Department in making funding decisions. The questionnaire was developed by the Health Occupations Consultants with input from John Klit and Louise Dailey.

Members of the Task Force represented school administration, teachers, students, graduates, post-secondary, employers, and DAVTE CSS and PA&E Sections and were as follows:

<u>NAMES</u>	<u>REPRESENTING</u>
Jeff Breed	Respiratory Therapy Technician, Graduate, Health Occupations Program, Stephenson Area Career Center,
Jan Lathrop	Instructor, Health Occupations (Secondary), Stephenson Area Career Center
Kay Marshall	Instructor, Health Occupations (Secondary) Wilco Area Career Center
Anthony Banks	Health Occupations Student, Wilco Area Career Center
Linda Lafferty	DAVTE/PA&E
Lorraine Summers	DAVTE/CSS
Jan Rittenhouse	Instructor, Health Occupations (Secondary), Central Community High School, Breese
Janice Meyer	Health Occupations Student, Central Community High School
Ellen Boyd	Chair of the Health Occupations Students of America Foundation and former Vocational Director, Secondary
Richard Linnell	Assistant Director, Stephenson Area Career Center, Freeport. (Substituting for Mr. Meier)
Melba McCormick	DAVTE/CSS
Jack Saporta	Clinical Psychologist, Illinois Department of Mental Health/Developmental Disabilities

Ken Alberts

The Illinois Health Care Association-
Administrator of the Alpine Fireside
Health Care Center, Rockford

Mary Lou Shea

DAVTE/CSS

Mary Allice Kelly

Registered Nurse and member of the
SACV2

Paula Garrett

Instructor, Medical Technology Pro-
gram, Sangamon State University

Curt Miller

Vocational Director, Tamms Area Voca-
tional Center

Beth Walston

Illinois Department of Public Health

Patricia Stieren

Memorial Medical Center, Inservice
Education, former Health Occupations
Instructor (Secondary)

Jeneva Kirkwood

Health Occupations Instructor,
Lawrenceville A/C

Following are the data resulting from the questionnaire. The question is stated exactly as it appeared on the questionnaire, and absolute frequencies are given for each question. The rationales given for each question follows the frequency Table. The responses of the health occupations consultants were not included in the compilations.

TABLE
RESPONSES OF TASK FORCE MEMBERS TO THE QUESTIONNAIRE

<u>QUESTIONS</u>	<u>ABSOLUTE FREQUENCIES</u>		
	YES	NO	NO RESPONSE
The programs should utilize an advisory committee representative of the Health Care Industry including both, administrative and technical expertise, parents, guidance counselors, and students.	17	0	0
All programs will show admission criteria and enrollment that all students are served regardless of handicap, disadvantage, race, culture, and sex.	16	1	0

All health occupations programs/courses should be taught by teachers with the health care speciality resulting in licensing, certification and/or registration and 2000 hours of work experience in the field for which trained.

17 0 0

The student will gain entry level job skills efficient for placement in at least one Health Occupation.

13 0 3

Which of these entry levels jobs can a high school student train for:*

Dental Assisting
Dietary Aide,
EKG Technician
Geriatric Aide
Home Health Aide
Hospital Ward (Unit) Clerk
Inhalation (Respiratory) Aide
Medical Assisting
Medical Lab Assisting Aide
Medical Records Aide
Mortuary Aide
Nurse Aide
Pediatrics Aide
Pharmacy Aide
Physical Therapy Aide
Practical Nurse
Radiologic Aide
Rehabilitation Aide
Therapeutic Recreation
(activity) Aide

Other Occupations:

Veterinarian Hospital Aide
Occupational Therapy Aide
Mental Health Technician
Trainee

* Please note that the members agreed that high school students can be trained in all of the above occupations. It was agreed that the medical lab assistant offers the least opportunity. Training depends upon clinical (extended campus) resources. The researcher did not have time to compile the data for this question. Although most responses were "yes" or "no response".

Entry-level jobs for which students may be trained are determined by local manpower needs and job placement availability.

15 2 0

The skill level courses should provide a clinical component (extended campus) integrated throughout the program.	17	0	0
The clinical supervision should be the <u>responsibility</u> of the classroom teacher.	17	0	0
Should the skill level course be a minimum of two class periods back-to-back?	17		
The program should include a variety of options in nursing and allied health occupations and hands-on experiences in several entry-level jobs, not just nurse aide.	17	0	0
Should an orientation course including health career information, self-understanding, personal grooming and dress, interpersonal relationships, history of medical events, psychology of illness, communication skills, micro-organisms and body systems be required prior to skill training in order to receive funding for the program?	16	2	0
Is a one semester offering exceptable as the minimum requirement for the orientation level?	9	7	0
The school should provide a one year skill level course prior to cooperative vocational education placement.	14	1	2
Should cooperative vocational education, provided that it is offered by the school, be a capstone course to the health occupations program?	15	0	2
Rather than offering health occupations in a interrelated CVE course, the larger high schools and AVCs should offer a health occupations cooperative vocational education course if the number of students is sufficient.	15	0	2
The skills course and interrelated cooperative vocational education course should be closely articulated.	17	0	0

Does the size of the school effect the type of program that can be offered? (When formulating the answer, consider what type of program can be offered by a small/large school and is there a difference?)

11 4 2

Should the school contract for a program from a health care facility?

a. Under any circumstances should the teacher be hired by the health care facility?

1 14 2

b. In all circumstances, should the school be responsible for the curriculum?

16 1 0

c. Should the school return administrative responsibilities over the program?

16 1 0

d. Should the individual representing the school and monitoring the contract be a health occupations qualified person?

13 2 2

CSP 3725r

The members of the Task Force were provided an opportunity to give a rationale for their answer to each question. Their rationales were as follows:

1. The programs should utilize an advisory committee representative of health care industry, including both administrative and technical expertise, parents, guidance counselors, students.

Rationale for answer:

It is important that a model in the field of health occupations be presented to students.

Advisory input is a total necessity. Opinions should be from all aspects of the health field.

Include graduates - change technical expertise to health care professional or practitioner.

How about including an educator from the profession served?

Helpful to develop program, maintaining equipment, etc.

Curriculum and equipment will be kept current through utilizing advisory committees. Also state and federal legislation mandates advisory committees.

The health care industry input for competencies is important and input from parents, consumers, guidance counselors and students are also important.

Need to add graduates to have a broad representation of needs.

This proves to be an effective source in maintaining an efficient and well-rounded program.

The student input is vital also. Could help with the financial assistance.

2. All programs will show admission criterion and enrollment that all students are served regardless of handicap, disadvantage, race, culture and sex.

Rationale for answer:

It is essential that all students have the opportunity to enroll, not only will it endeavor to help them in the field of employment but educate them in necessary life skills.

Handicapped and disadvantage, such as literacy, may make the continuation in the program difficult.

No one should be discriminated against.

This is in keeping with civil liberties; the admissions criteria should not unjustly exclude a student and should also not include students who cannot be successful.

There are many areas in the health field for handicapped, etc.

Individuals can make their contributions and be gainfully employed.

All students should have the opportunity to enter the program.

This is a federal mandate.

This should not be a stereotype program; the male plays an important part in health occupations; I have had an EMH student gainfully employed keeping her off the public aid role.

Everyone regardless of handicap, disadvantaged, race or sex can be taught the knowledge of a particular program. The above statements serves education; after education comes the reality of the job; the issue is none of the above but what whether person can do the job.

3. All health occupations programs/courses should be taught by teachers with a health care specialty resulting in licensure, certification and/or registration and 2000 hours of work experience in the field for which trained.

Rationale for answer:

Unless the programs/courses are taught by duly licensed and experienced teachers the course will not be evaluated as acceptable.

Any reimbursable program must have the above.

Diversity of health occupations, made for professional standing, all are important factors to be considered requiring specific health occupations area training and someone who is registered.

One needs experience to teach.

These two requirements are in the ISBE regulations; what about educational preparation?

This statement lends credibility to the program with other health care professions in the health care industry.

Provides expertise in the health field which outsiders "may not have."

Health professionals can better serve the training needs of students by virtue of their past training and experiences in the health field.

A person who has worked in the health care field is in a better position to teach it.

Certainly for skills, orientation courses also are best taught by a member of the health care team (at the level of licensure, certification and/or registration).

Health occupations is a specialized area and one that requires special skills in order to guarantee the instructor has expertise in what he/she is teaching.

A nurse cannot teach shorthand so how can just anyone teach health occupations? They certainly need the skills, expertise and experience to be a good teacher in health occupations.

Health programs should be taught by someone with the certified clinical skill, knowledge and experience.

They should be required to have the skill to teach because, for example, home economics cannot teach health occupations.

This is good because it makes it possible to select teachers based on experience and inherent ability to teach and communicate.

4. The student will gain entry level job skills sufficient for placement in at least one health occupation.

Rationale for answer:

A student in this way will be able to determine as to whether or not he/she may desire to continue their education in this field or remain at the placement level derived from the health occupations program at the secondary level.

At least the entry level for employment has been established.

One gains the basic nurse aide certificate.

Four refers back to number three, if (and I believe should) provide job entry skill and be taught by teacher with certification and work experience, etc.

Important both for those who plan to work immediately after learning in school and for those who will continue in post-secondary training.

Extremely important for job placement due to higher standards in the field.

The use of "will" which denotes all should not be, the students should be given an option to choose between acquiring job entry skills versus exploration in several areas to be able to determine career choice.

Provides gainful employment; able to obtain a job while attending further schooling.

Students should have the option of staying at various levels of completed training (12th grade, LPN, etc. to work if desired) additional training can be obtained at a later date.

Also can work and pursue part-time training if available.

Through health occupations I got my job at the hospital and gained a lot of knowledge from the class; it's much easier to get a job after you graduate from health occupations.

That is the purpose for students attending the program; even if the student continues post-secondary schooling they may need to work to get themselves through college.

It gives them the skills. They will thus become employable.

That's the purpose of the program. Personally the job entry program has helped me for I am entering the service with a chance to go in with a pay raise with a skill as a nurses aide.

Education in these occupations is fruitless if it is not job oriented.

5. Which of these entry level jobs can a high school student train for? (Not applicable, see Table with absolute frequencies).
6. Entry level jobs for which students may be trained are determined by local manpower needs and job placement availability.

Rationale for answer:

Yes! Yes! Yes! Local may have a variety of definitions, however, the student should know there are jobs in the area.

Generally yes, I have noticed a fadism about certain occupations; students have been counseled to take certain training with no hope for a job; a sound core program can be extended to many areas.

Unfortunately, in this state, small community high schools do not have the personnel or facilities available to offer health occupations courses.

After going through a course, it is imperative to have jobs available.

If there is no opportunity for employment for a specific job and a student is trained only for that job, the answer is no; however, some skills could be taught in career orientation.

Local manpower need is very important, programs should be supported by manpower needs at least at state level.

Yes, if considering the complete program; no, if only two or three students are involved.

Yes, in fairness to the students.

How about if a student moves from the local area? I think it should be incorporated into a health occupations skill course.

So they may go onto jobs.

Yes, in some degree but it really depends maybe you cannot find your skill in the area you are but will decide to move elsewhere.

7. The skill level program should provide a clinical component (extended campus) integrated throughout the program.

Rationale for answer:

In school labs are beneficial, but there must be an integral experience in the real world!

It will give the student a better entry level opportunity; likewise, it will either encourage or discourage the pursuit of the career.

It is important that the student have the practical hands on experience throughout the program.

What about the Department of Labor?

Absolutely for skill level courses. One can't replace experience with books.

Student must be exposed to the reality of the world of work, unless there are restrictions from the specific area.

You cannot determine if a student has mastered entry level skills unless they have valid clinical experience.

On the job training can't be substituted with books only.

Many units of instruction cannot be taught entirely in a class/lab setting and need the real representative setting.

The extended campus was a big plus during the course of the class; good experience.

Yes, until cognitive and lab skills are used with patients, mastery cannot be determined.

Hands on experience is necessary to realize if students can handle the patient care.

This is so important and vital to the success of the program, the clinical rotations provides the students actual experience so they can be selective in what they choose to continue in education or become employable.

To help the student gain responsible skill, knowledge and real clinical experience.

8. The clinical supervision should be the responsibility of the classroom teacher.

Rationale for answer:

Ideally the supervision should be the responsibility of the classroom teacher. One person must run the show.

The clinical supervision by the classroom teacher would enable the students to accept the extended campus situation; with a teacher whom he/she is better acquainted with and the student can review the clinical aspects of the course in the classroom.

Responsibility can be delegated.

The teacher should be extended to clinical aspects of the class.

This assures that the student experiences valid learning experiences based on clinical objectives and learning focuses.

The faculty must have total control of the program of learning and this includes classroom learning and clinical experience.

More continuity of the program.

Yes, if the classroom teacher is with the class, but sometimes students are in more than one facility and the teachers must rely on someone at the facility.

Responsibility could be construed as far as delegating to someone else.

Integration of classroom and clinical supervision must be done by one person.

Classroom teacher knows the students capabilities and responsibility may be delegated.

I would be loathe to endorse a student's competencies unless I personally observed the end performance of a student.

Yes, instructors know the students and can place them on clinical rotations and is in close touch with clinical rotation supervision. Any problem that arises, the attention is immediately brought to the classroom teacher.

Yes, if the teacher is a certified teacher it should be his/her responsibility to supervise the work of his/her students in order for his/her to see that teaching is efficient outside of the classroom also.

9. Should the skill level course be a minimum of two class periods back-to-back?

Rationale for answer:

I would think that longer blocks of time would be beneficial.

It makes for better use of time.

It would be advantageous but is not always feasible.

Capstone courses should be two periods back-to-back.

Two class hours are needed to get absolutely anything done.

One class period is not sufficient enough time to do an adequate job for all students to gain instruction.

Going to a clinical area requires transportation time which takes away from the class experience.

If you go to the extended campus, you need this time for transporting, etc.

One class period does not allow enough time for skill development.

With one teacher and several students it takes a lot of time to get everyone tested on skills.

Extended campuses especially, plus lab practice and set up and clean up time.

Teaching skills requires a longer period of time.

Skill teaching requires time to present theory prior to the skills practice.

I feel this is important to do the job constructively and efficiently.

Yes, because it will help the student gain more knowledge and experience, more than one hour would do.

10. The program should include a variety of options in nursing and allied health occupations and hands-on experiences in several entry level jobs, not just nurse aid.

Rationale for answer:

Let's give students choices! If the students chooses one after being exposed to others they will have made a more informed decision.

Nursing "is just the opening of the door".

Local districts cannot provide but it can be included in the AVC program.

Yes, to allow for diversity of interest and future occupational goals.

Not everyone wants to be a nurses aide.

All students are not concerned about being in the nursing profession; students should have the opportunity to enter the profession of choice.

Most definitely, there is not just nursing but health occupations.

Students need more options at the secondary level than only one aide area.

All students aren't interested in just nursing; they should get other varieties of hospital work.

Exploratory experiences are offered which broaden the outlook in the health care field.

Not everyone will be a nurses aide after high school and may desire training in other areas.

This is important for formulating career options.

Many people are not cut out to be a nurses aide; some people have the knowledge to be in other allied health fields.

11. Should an orientation course including health career information, health understanding, personal grooming and dress, interpersonal relationships, history of medical events, psychology of illness, communication skills, micro-organisms and body systems be required prior to skill training in order to receive funding for the program?

Rationale for answer:

If it is not done prior to skill level - then it must be included in skill courses - this takes too much time.

This is important in order to understand the importance of many procedures used during the program.

It should not, however, be a lengthy course.

Local districts (small LEAs) cannot provide, but could be included in the AVC program.

Orientation courses should be included but many local facilities do find that trained instructors are not available for the orientation level.

All these are extremely important in any job.

This is essential providing the level of expertise is appropriate for the high school level and not in depth; if for number three, then the issue of an instructor is identified.

Also include stress management and values.

The above are very essential and should be presented prior to skills level.

Generally speaking, I would agree, although many smaller schools cannot afford to have a qualified instructor.

Orientation might be during the first semester of the 11th grade.

As long as you don't get too involved or in depth, it might scare students away.

It could be included in the health occupations skills class.

If answers come forth as to how they could be provided perhaps we should increase the reimbursement for the orientation program in the health occupations.

These areas can be included in the health occupations (skills) program itself; however, I think it is an excellent idea if positions can be made.

This should be part of a well rounded program.

At least during skill training, because you are around very ill patients, the chances are very high not only of contaminating your patients, but yourself.

12. Is a one-semester offering acceptable at the minimum requirement for the orientation level.

Rationale for answer:

I think it would be a good start!

If it becomes too long, the student may lose interest and not continue.

Yes. It would be a minimum.

Two semesters are needed to cover the vast amount of materials/however, realism requires much study as to the efficiency of operations.

It isn't enough time to cover all the aspects of the health field.

If you include the contents stated in number 11, one semester is not sufficient.

Not enough time to present all materials.

Trying to cover too much; could turn a lot of students off before they are allowed into skill development phase of the health occupations.

Depends on where the orientation takes place and what is included in the curriculum.

If all that's listed in number 11 is included then one semester is not long enough.

If it includes such subjects as question number 11, I think it would be adequate.

13. The school should provide a one-year skill level course prior to cooperative vocational education placement.

Rationale for answer:

Some skills should be taught prior to coop. Otherwise coop is just a job not education/training.

It would be the only way to train skilled people.

One year prior to coop placement is essential if the student is to bring basic knowledge and skills to the job.

The more one knows, the more one is able to learn and to understand. There should be some knowledge of the health field before going into training.

I don't know if a calendar requirement should be provided, rather identify job entry level skills and then let the students be coop-ed once they learn the skills. It should be based on the individualized instruction.

Students should understand why a procedure is done and not just perform the procedures in a job.

Skill level courses provide more understanding. Yes, if school is large enough, offer it.

Small schools may not be able to do this, and a CVE is their only option.

One year is barely enough to give you all the information you need before going to a coop.

You need the experience.

Employer's will not hire a health occupation student without skills.

Student's need this much exposure before being able to relate adequately to persons who are ill or be able to perform functionally.

This I feel is not necessary if you affect a well-rounded program. (Referring to having a program without cooperative vocational education).

The job should provide for advanced skills which will ensure the student better training in that field.

14. Should cooperative vocational education provided it is offered by the school be a capstone course to the health occupations program?

Rationale for answer:

There will more incentive to achieve for students and educators; employers prefer to hire based on actual participation in job skills at this level.

It is necessary.

Provide a program that is a two year program.

If the second year is coop, one can train a better student who is much more employable.

At least it should be made available to these students desiring placement in the cooperative vocational education program/I feel that a two year skill course is needed.

After they have the skills it is important that they practice it.

The students should have the opportunity to learn the skills on the job prior to employment. However, a school need not be required to have a cooperative vocational education program.

More experience for students. Employment experiences are vitally important in gaining competencies.

I think you should have coop following the health occupations skills course.

Coop should be encouraged as a capstone to provide experience levels.

Should have skill courses prior to coop or should be a two year program with the second year being advanced skills class. It gives them actual on-the-job training.

15. Rather than offering health occupations in an interrelated CVE course, the larger high schools in AVC should offer a health occupations cooperative vocational education course as a number of students is sufficient.

Rationale for answer:

Health occupations cooperative vocational education teachers would focus on health issues/would know more about health employing agencies.

17
They do this in some schools and it works well.

I don't feel it should be offered in interrelated.

Health occupations is such a specialty program and has different types of problems, especially in the field of relationships and communications/students, professional staff, patients, classroom instruction, etc.

Health occupations people know what the health occupations field needs.

A health occupations person should supervise the health occupations cooperative vocational education students because they know the needs of the employer and employee.

Health occupations coop offers more specialized concentration.

The health professional is better qualified to oversee the health occupations cooperative vocational education program than is the interrelated coordinator.

It is offered at our area vocational center, it is much more specific and our area is not a large suburban area.

An interrelated cooperative vocational education coordinator does not understand the needs in a health related facility.

This experience is necessary prior to full-time employment in the area.

Students need more employability after graduation.

Yes, for large schools; no when a smaller high school is involved.

If there are enough students who are interested in allied health care programs and they are experienced they should be offered a separate cooperative vocational education course.

16. The skills course and interrelated cooperative vocational education course should be closely articulated.

Rationale for answer:

If it is not, why bother!

This makes for a good education.

They go hand in hand.

This is the key to education as a whole.

Articulation is the key to all levels of education.

All courses should be closely articulated to provide a smooth unbroken flow for the students. Classroom instruction should be related.

17. Does the size of the school affect the type of program that can be offered? (When formulating the answer, consider what type of program can be offered by a small/large school and is there a difference?)

Rationale for answer:

In that the community needs/extended campus opportunities may vary. In a large school there would be more health occupations teachers who would be experienced in the health care industry.

The possibility of an extended campus or clinical experiences would be available because of the proximity of facilities in nursing homes, hospitals, etc. In a small school this may not be possible.

Small schools will need to operate with a core type of class; joint agreements need to be expanded.

Small schools do not have the personnel or facilities to have specific programs but can put all students in one course.

The type of program offered should be directed by the number of students interested in employment needs. However, if the principal of individualized instruction are utilized then a variety of options could be offered in any program any place.

Health occupations programs have been flexible and should remain so with basic patient care skills and human anatomy and physiology being offered.

Small schools do not have enough students to spread throughout a large number of programs; thus, some rely on cooperative education to add extra options for students.

One can offer a broad program with several options, not specialist programs in a small school.

Small schools should offer a base program with specialized areas touched on whereas larger schools could offer individual programs in various areas.

Naturally in a larger urban area there are more opportunities for health occupations. However the schools should use what the area presents.

18. Should the school contract for programs in the health care facility?

- A) Under any circumstances should the teacher be hired by the health care facility?

Rationale for answer:

Sometimes the teacher might be hired part-time by the school district and part-time by the school facility.

This should not be done unless there is just no other way.

The teacher should be hired by the school, but be acquainted with the health care facility.

I believe a contract between the school and the health care facility would be in order.

The teacher needs to be a part of the school instructional staff, with school board and administrative responsibility.

There is no variety for learning if it is taught by the hospital. Everything is from one source. In other words not using various health care facilities in the community.

One runs the risk of students being used for service rather than provided with an educational experience.

The school receives funding the school should do the hiring.

The teacher should be an employee of the school for this period of time.

What about teacher certification on Document #1.

If it is a good contract, they would provide options for small high schools.

No, because they have got to have the ability to teach. Also it is kind of dependent on their credentials.

- B) In all instances, should the school be responsible for the curriculum?

Rationale for answer:

Yes, if they are receiving funding.

They will be delivering the education and experience to students and the public and must make sure the curriculum is adequate.

The school must always be responsible.

The school and teacher needs to be responsible for discipline, course content, legalities, therefore, teachers should be responsible for reporting course outlines and curriculum to the school board in administration, if paid.

It is the schools program and it should be supervised by the school so it is up to their standards.

The school should be responsible with input from the advisory committee.

Curriculum is the schools responsibility and legally it is improper for someone else to be responsible for the curriculum.

Monitoring of the curriculum is always important to keep it updated, maintain quality, etc.

State requirements must be considered also.

If the school is providing the program, then they should also provide the criteria for the program completion.

The school would make a broader offering versus the health care facility which would narrow it down to their needs.

- C) Should the school retain administrative responsibility over the program?

Rationale for answer:

In the classroom this is important and in the health care facility the supervising teacher continues to be responsible.

The students are involved in schools so they should be the responsibility of the the school.

The focus must remain educational not service, also for legal and educational reasons teachers should report to the administration and be responsible to the board.

If the schools receiving state education funds, then they need to be responsible for teaching, supervising and evaluating. Otherwise, students will be used as non-paid workers.

They are granting credit, so they should be administratively responsible.

This would help to insure that quality was maintained.

To assure that it is educationally sound!

Yes. To help the program in getting quality equipment, the school would be aware of the program needs and could handle them more effectively.

- D) Should the individual representing the school and monitoring the contract be a health occupations qualified person?

Rationale for answer:

Most definitely - to monitor quality!

This may not be necessary because your teacher in the health occupations program can certainly evaluate and monitor this program and report this to the representative who is monitoring.

A responsible district representative could monitor the program providing the guidelines are set up.

The supervisor should have the knowledge and experience in the health field to insure quality education.

This relates back to question #3. There is no way the quality can be monitored unless the person is a health occupations qualified person.

This person should have a major in health occupations vocational or occupational education or bachelor's degree in science and allied health fields such as nursing, physical therapy, medical technologist. Need some courses in education as well.

A health professional should do the monitoring of a contract of which are directly related to health services and competencies. An administrator could possibly monitor other aspects of the program.

Yes, it would almost have to be.

Then why isn't this person teaching it? I feel that only a health occupations person is attuned to what is necessary to be incorporated in a broad health occupations program.

Your program is only as good as your instructor!

I feel that good public relations is the key to the success of the program so that you may provide to the best of your ability (despite the limitations of the small schools versus the larger school and community) the best in clinical rotations your community can provide.

Because a person without a health occupations background cannot see a need or requirement the health program if he is not a health occupations qualified person he should hire a person to supervise.

- 1 The health occupations consultants did not respond to the questionnaire, therefore, their answers are not included in this data.

This is being written as a research study and will be available in greater detail in the near future.

Mary Lou Shea
Head Consultant
Health Occupations